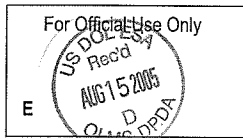


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6504</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kevin</u> <u>J</u> <u>Van Buskirk</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1720 Marina Blvd.</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94577-4203</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' Local Union No. 104</u> Labor Organization File Number <u>016871</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2610 Crow Canyon Road, Suite 300</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94583-1547</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>08/08/05</u> Date	<u>510-895-8660</u> Telephone Number

Name of Person Filing Kevin Van Buskirk

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Local104 and Bay Area Industry Trng Fund

Trade Name, if any: All Union Signatory Contractors

P.O. Box, Bldg., Room No., if any

Street 2350 Lundy Place

City San Jose

State California

ZIP Code + 4 95131

11.a. Nature of such dealing.

Trust receives contributions from all signatory contractors and provides benefits to members

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Delegate Fee/Banquet	\$170.00
Regional Contest Expense	\$12.20
Regional Contest Hotel	\$246.40
Regional Contest Banquet	\$75.00
Apprentice Graduation Ceremony	\$150.00

12.b. Amount.

\$654

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Adams Broadwell Joseph & Cardozo

Trade Name, if any: A Professional Corporation

P.O. Box, Bldg., Room No., if any

Street 601 Gateway Boulevard, Suite 1000

City South San Francisco

State California

ZIP Code + 4 94080-7037

14.a. Nature of payment.

A Christmas Gift of one (1) Smoked Salmon valued at \$54.00. Of which was served to attendees of the annual Local Joint Apprentice Committee/Employee Christmas Luncheon.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

\$54